

POSITION	ID NO.	DATE
CLASSIFIER	10	10-21-94
EXAMINER	315	11-4-94
TYPIST	AK	11/5/94
VERIFIER	AK	11/5/94
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final	Original
1	10/21/94
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BEST AVAILABLE COPY

SYMBOLS
 ✓ Rejected
 = Allowed
 (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	Original
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